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Received: 01/12/2005				Received By: dkennedy				
Wanted: As time permits				Identical to LRB	Identical to LRB:			
For: Ad	ministration-B	Budget 6-3420			By/Representing	: Johnston		
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LRB-1649 02/02/2005 02:30:29 PM Page 2

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2005 DRAFTING REQUEST

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Received By: dkennedy

By/Representing: Johnston

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Drafter: dkennedy

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2005 DRAFTING REQUEST

Bill

Received: 01/12/2005

Wanted: As time permits

For: Administration-Budget 6-3420

This file may be shown to any legislator: NO

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Subject:

Health - miscellaneous

Submit via email: YES

Requester's email:

Carbon copy (CC:) to:

robin.ryan@legis.state.wi.us

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Health Care Quality and Patient Safety Board

Instructions:

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FE Sent For:

Kennedy, Debora

From:

Johnston, James

Sent:

Monday, January 10, 2005 10:15 AM

To: Subject: Kennedy, Debora **New Authority**

Vatient Congrusation Fund

Debora,

A high level summary of our intent -

Major initiative to encourage use of medical technology and improve patient safety. Budget request will replace the Board on Health Information with a new authority for quality health care. The Governor will appoint the authority board with representation from major health care purchases, physicians, hospitals, and consumer advocates. The authority will establish incentives and work with private sector interests to fund the development of a electronic critical decision support system for physicians and hospitals and the development, collection and dissemination of quality indicators. Capitalize the authority with \$25 million from the PCF and \$25 million from bonding. Delete the POVD and physician work force surveys, retain the physician assessment and direct the revenue (approximately \$900,000/year) to the authority to cover operating expenses and help fund incentives.

I'll get more details to you ASAP. Please let me know of any immediate questions you have and I try to get answers quickly.

Thanks, Jim

1

Kennedy, Debora

From:

Johnston, James

Sent:

Tuesday, January 11, 2005 4:27 PM

To: Cc: Kennedy, Debora Schmiedicke, David

Subject:

RE: New Authority

Debora.

Please see the attached instructions, which relate to some of the points raised in your email.



Medical Technology Authority.d...

I will review your list of issues and respond ASAP. Jim

----Original Message----

From: Kennedy, Debora [mailto:Debora.Kennedy@legis.state.wi.us]

Sent: Tuesday, January 11, 2005 4:03 PM

To:

Johnston, James Schmiedicke, David

Cc: Subject:

RE: New Authority

Before I can begin to draft this request, I will need several items of information and some decisions. I have been unable to reach you by phone and, because time is of the essence, will try by this e-mail to set forth issues for which I need resolution:

1. MOST IMPORTANTLY, WHAT IS IT THAT YOU WANT DONE UNDER THIS PROPOSAL THAT CANNOT BE DONE BY A STATE AGENCY OR BY CONTRACT BETWEEN A STATE AGENCY AND AN ENTITY?

The purpose stated--"to establish incentives and work with private sector interests to fund the development of an electronic critical decision support system for physicians and hospitals and the development, collection, and dissemination of quality indicators"--is relatively vague and needs to be augmented to be understandable. Is not this function, if I understand it aright, already being carried out by private entities? What about it could not be performed under a contract? Do you have other goals that are not stated?

2. IS AN AUTHORITY NECESSARY OR APPROPRIATE?

Your proposal appears to require elimination of the current Board on Health Care Information and replacement by a new authority, headed by a board. Capital funding of the authority would be with money from the Patients Compensation Fund and from bonding. Ongoing operating expenses would be from the health care provider (physician) assessment, which is, essentially, a tax.

- a. An authority is not the state--it has no power to assess; the state can levy a tax, but it can be used only for the startup of an authority.
- b. An authority can bond, but those authorities in this state that do so have sources of revenue to pay back the bonds; this proposed authority does not seem to have any. The state can bond, but only for capital expenditures, which do not appear to be involved in this proposal.
- c. The proposed authority would, I gather (although from your proposal it is not clear) assume the current duties of the Board on Health Care Information; the Board promulgates various rules (see s. 153.75, stats.); an authority is unable to promulgate rules.
- d. Currently, under s. 153.90 (3), stats., DHFS may directly assess forfeitures of certain violations of ch. 153, stats. An authority is unable to assess forfeitures.
- 3. DETAILS OF THE PROPOSAL

- a. The proposal refers to "POVD and physician work force surveys"--it is unclear from the statutes what these references mean.
- b. The proposal contains only general information about proposed board members; I would need at least specific numbers of board members; length of appointments; appointing authority; and information concerning staggering of appointments, if necessary.
- c. Would all other functions of the Board of Health Care Information be assumed by the authority?

3. MAGNITUDE OF THE REQUEST

Because an authority is not the state, is not a state agency, and is not a private person, it is necessary in drafting an authority to examine the applicability of hundreds of state laws to the authority; depending on the way that it is drafted, a law may or may not apply to an authority in the same way that it applies to a state agency or a private person; see, for example, s. 16.15, stats. This a large and time-consuming task and itself requires numerous and timely decisions by you. I will be unable to complete it unless I receive very quickly from you information that will enable me to do so.

----Original Message----

From:

Johnston, James

Sent:

Monday, January 10, 2005 10:15 AM

To: Kennedy, Debora

Subject:

New Authority

Debora.

A high level summary of our intent -

Major initiative to encourage use of medical technology and improve patient safety. Budget request will replace the Board on Health Information with a new authority for quality health care. The Governor will appoint the authority board with representation from major health care purchases, physicians, hospitals, and consumer advocates. The authority will establish incentives and work with private sector interests to fund the development of a electronic critical decision support system for physicians and hospitals and the development, collection and dissemination of quality indicators. Capitalize the authority with \$25 million from the PCF and \$25 million from bonding. Delete the POVD and physician work force surveys, retain the physician assessment and direct the revenue (approximately \$900,000/year) to the authority to cover operating expenses and help fund incentives.

I'll get more details to you ASAP. Please let me know of any immediate questions you have and I try to get answers quickly.

Thanks, Jim Stephen R. Miller Page 4 January 11, 2005

2005-07 Budget Bill Statutory Language Drafting Request

- Topic: Health Care Quality Authority
- Tracking Code: (Assigned by Government Operations Team)
- SBO team: Health & Insurance
- SBO analyst: Jim Johnston
 - Phone: 266-3420
 - Email: james.johnston@doa.state.wi.us
- Agency acronym:
- Agency number:



JAMES E. DOYLE GOVERNOR MARC J. MAROTTA

SECRETARY

Division of Executive Budget and Finance Post Office Box 7864 Madison, WI 53707-7864 Voice (608) 266-1736 Fax (608) 267-0372 TTY (608) 267-9629

Date:

January 11, 2005

To:

Stephen R. Miller, Chief

Legislative Reference Bureau

From:

Jim Johnston Team Leader

Health & Insurance Team

Subject:

Biennial Budget Drafting Request

Request Description:

Overview - The intent of the draft is to create a new health care quality authority. The Governor will appoint the authority board with representation from major health care purchases, physicians, hospitals, and consumer advocates. The authority will establish incentives and work with private sector interests to fund the development of a electronic critical decision support system for physicians and hospitals and the development and collection of quality indicators. Capitalize the authority with \$25 to \$50 million from the PCF. Delete the Physician Office Visit Data (POVD) requirement and physician work force surveys, retain the physician assessment and direct the revenue (approximately \$900,000 PRO year) to the authority to cover operating expenses and help fund incentives.

The authority shall consist of 9 members: The secretary of DOA, the secretary of DHFS, the secretary of ETF, 1 employer purchaser for health care, 1 hospital representative, 1 physician, 1 health insurance industry representative, 1 representative of a major medical provider system and 1 consumer health care advocate. The Governor shall appoint the members for 2-year staggered terms. Each member's appointment remains in effect until a successor is appointed. Annually, the governor shall appoint one member, as chairperson and the authority shall elect one member as vice chair. Five members of the authority shall constitute a quorum and a vacancy shall not impair the right to a quorum. A majority vote is necessary to take action. Authority meetings shall be open to the public. Authority embers shall no receive compensation other that expenses.

The authority shall appoint an executive director and support staff, who shall not be members of the authority, to serve at the pleasure of the authority. Compensation for the executive director should be limited to executive salary group 4 for the executive director.

Stephen R. Miller Page 2 January 11, 2005

The authority shall have the power to determine the criteria and to award grants and loans to hospitals and health care sys for the implementation of a statewide automated medical records system, health information exchanges and critical decision support systems that will enable more consistent practice of safe, evidence-based medical practices. The system will support physician decision-making, consistent information for individual consumers, and organizational improvement in quality, safety and efficiency. This will include physician access to electronic critical decision support systems; and consistent public reporting of quality; safety and efficiency measures with the core focus on assuring statewide, consistent and integrated information for health care practice.

The Authority (Commission) - Purpose, Duties and Powers

- The authority shall assess the extent to which automated information and decision support systems are currently used by health care providers in Wisconsin.
- The authority shall assess options to achieve automation of all health care systems in the state by 2010 or as soon as practicable. The authority shall enact a plan and specific strategies to achieve this goal and the broader purposes of deploying information technology for health care quality, safety and efficiency.

The plan to deploy statewide health care information systems should optimize the potential of this technology to improve health care quality, safety and efficiency within a reasonable time period and reasonable financial investments. The plan should consider the extent to which an integrated or interoperable system or technology platform may be most cost-effective. This will include assessing the benefits of an integrated or interoperable system for supporting rapid deployment for supporting medical care practitioners, promoting accurate and appropriate shared information about individual patients among providers, benchmarking of performance indicators across health care provider organizations for organizational performance improvement, and public reporting of quality, safety and efficiency data for consumer and purchaser decision-making.

- The authority shall report by January 1, 2006, and at least annually thereafter to the Governor and Legislature on its plans, activities, accomplishments, and recommendations.
- The authority shall administer the health care quality improvement fund to implement this purpose. The authority may make grants or loans from the health care quality improvement fund specifically to finance projects in whole or in part that:
 - 1) Install computer-assisted physician order entry, electronic medical records, or

other information system infrastructure, including critical decision support systems, specifically to improve the quality, safety and efficiency of patient care.

- 2) Develop integrated data warehouses and/or health information exchanges to facility the reporting of quality, safety and efficiency information for purposes of health care system improvement, or related purposes through informing consumers and purchasers of health care.
- 3) Demonstrate rapid cycle improvement in quality, safety and efficiency of care through methods that may be deployed on a larger scale if successful.
- The authority may accept private sector gifts, grants and other revenues to implement its purposes. (*This, because there may be joint ventures with various purchasers or health care systems to invest in the integrated systems.*)
- The authority may contract for the operation of health information systems, data warehouses, health information exchanges or other health information system infrastructure consistent with its mission and available funding if necessary to the achievement of its mission.

Funding - Structure and Amounts

• Funding for low interest or no interest loans in a revolving loan fund account: \$25 million of Patient Compensation Fund monies and \$25 million of state general obligation borrowing for projects with payback in not more than 10 years.

Related Provisions

1) Create a session law that WHEFA funding may only be directed to health care organizations that the new Commission/Authority certifies. The new Commission/Authority may certify based on determining the organization already participate in appropriate health information systems for patient safety, quality and efficiency improvement, or that the funds will be used to develop such systems.

Please let me know if you have any questions or need more information. I can be contacted at 6-3420 or james.johnston@doa.state.wi.us.

Stephen R. Miller Page 4 January 11, 2005

2005-07 Budget Bill Statutory Language Drafting Request

- Topic: Health Care Quality Authority
- Tracking Code: (Assigned by Government Operations Tearling)
- SBO team: Health & Insurance
- SBO analyst: Jim Johnston
 - Phone: 266-3420
 - Email: james.johnston@doa.state.wi.us
- Agency acronym:
- Agency number:



JAMES E. DOYLE
GOVERNOR
MARC J. MAROTTA
SECRETARY
Division of Executive Budget and Finance
Post Office Box 7864
Madison, WI 53707-7864
Voice (608) 266-1736
Fax (608) 267-0372
TTY (608) 267-9629

Date:

January 11, 2005

To:

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From:

Jim Johnston Team Leader

Health & Insurance Team

Subject:

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Request Description:

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Stephen R. Miller Page 2 January 11, 2005

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Funding - Structure and Amounts

• Funding for low interest or no interest loans in a revolving loan fund account: \$25 million of Patient Compensation Fund monies and \$25 million of state general obligation borrowing for projects with payback in not more than 10 years.

Related Provisions

1) Create a session law that WHEFA funding may only be directed to health care organizations that the new Commission/Authority certifies. The new Commission/Authority may certify based on determining the organization already participate in appropriate health information systems for patient safety, quality and efficiency improvement, or that the funds will be used to develop such systems.

Please let me know if you have any questions or need more information. I can be contacted at 6-3420 or james.johnston@doa.state.wi.us.

Kennedy, Debora

From:

on behalf of Debora Kennedy

To:

Johnston, James Schmiedicke, David

Cc: Subject:

RE: New Authority

Before I can begin to draft this request, I will need several items of information and some decisions. I have been unable to reach you by phone and, because time is of the essence, will try by this e-mail to set forth issues for which I need resolution:

1. MOST IMPORTANTLY, WHAT IS IT THAT YOU WANT DONE UNDER THIS PROPOSAL THAT CANNOT BE DONE BY A STATE AGENCY OR BY CONTRACT BETWEEN A STATE AGENCY AND AN ENTITY?

The purpose stated--"to establish incentives and work with private sector interests to fund the development of an electronic critical decision support system for physicians and hospitals and the development, collection, and dissemination of quality indicators"--is relatively vague and needs to be augmented to be understandable. Is not this function, if I understand it aright, already being carried out by private entities? What about it could not be performed under a contract? Do you have other goals that are not stated?

2. IS AN AUTHORITY NECESSARY OR APPROPRIATE?

Your proposal appears to require elimination of the current Board on Health Care Information and replacement by a new authority, headed by a board. Capital funding of the authority would be with money from the Patients Compensation Fund and from bonding. Ongoing operating expenses would be from the health care provider (physician) assessment, which is, essentially, a tax.

- a. An authority is not the state--it has no power to assess; the state can levy a tax, but it can be used only for the startup of an authority.
- b. An authority can bond, but those authorities in this state that do so have sources of revenue to pay back the bonds; this proposed authority does not seem to have any. The state can bond, but only for capital expenditures, which do not appear to be involved in this proposal.
- c. The proposed authority would, I gather (although from your proposal it is not clear) assume the current duties of the Board on Health Care Information; the Board promulgates various rules (see s. 153.75, stats.); an authority is unable to promulgate rules.
- d. Currently, under s. 153.90 (3), stats., DHFS may directly assess forfeitures of certain violations of ch. 153, stats. An authority is unable to assess forfeitures.
- 3. DETAILS OF THE PROPOSAL
- a. The proposal refers to "POVD and physician work force surveys"--it is unclear from the statutes what these references mean.
- b. The proposal contains only general information about proposed board members; I would need at least specific numbers of board members; length of appointments; appointing authority; and information concerning staggering of appointments, if necessary.
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----Original Message----

Johnston, James

Sent:

Monday, January 10, 2005 10:15 AM

To:

Kennedy, Debora

Subject:

New Authority

Debora,

A high level summary of our intent -

Major initiative to encourage use of medical technology and improve patient safety. Budget request will replace the Board on Health Information with a new authority for quality health care. The Governor will appoint the authority board with representation from major health care purchases, physicians, hospitals, and consumer advocates. The authority will establish incentives and work with private sector interests to fund the development of a electronic critical decision support system for physicians and hospitals and the development, collection and dissemination of quality indicators. Capitalize the authority with \$25 million from the PCF and \$25 million from bonding. Delete the POVD and physician work force surveys, retain the physician assessment and direct the revenue (approximately \$900,000/year) to the authority to cover operating expenses and help fund incentives.

I'll get more details to you ASAP. Please let me know of any immediate questions you have and I try to get answers quickly.

Thanks, Jim



JAMES E. DOYLE GOVERNOR MARC J. MAROTTA SECRETARY

Division of Executive Budget and Finance Post Office Box 7864 Madison, WI 53707-7864 Voice (608) 266-1736 Fax (608) 267-0372 TTY (608) 267-9629

Date:

January 14, 2005

To:

Debora Kennedy

Managing Attorney

Legislative Reference Bureau

From:

Jim Johnston

Team Leader

Health & Insurance Team

Subject:

Biennial Budget Drafting Request

Request Description:

Please change all references from authority to a board.

Overview of request

Health Care Quality and Patient Safety Board

1) Create New Board to Promote Quality health care and Patient Safety

Create the board, attached to DOA, with the following membership:

DHFS Secretary

ETF Secretary

DOA Chief Information Officer

1 physician

1 hospital representative

1 employer purchaser of health cares

1 health insurane industry representative

1 major medical provider system representative

1 public member

Members will be appointed by the Governor, with chair designated by the Governor. Members shall be appointed for 4 year terms.

Under s.231, Health and Educational Facilities Authority, require health facilities and hospitals as defined in the chapter to take action to improve health care quality and patient safety as a requirement to use WHEFA.

RAC < 2) Create Bond Fund and new DOA appropriations to receive bond revenue.

 \checkmark 3) Sunset existing Board on Health Care information as of June 30, 2007

January 14, 2005 Page 2 of 11

under s.15.195 (6) a

4) Sunset physician office visit data requirement as of June 30th 2007

Overview - The intent of the draft is to abolish the existing Board on Health Information unders.153.07 reconstitute this body as a new health care quality and patient safety board attached to the Department of Administration. The Governor will appoint the board with representation from major health care purchases, physicians, hospitals, and consumer advocates. The board will establish incentives and work with private sector interests to fund the development of a electronic critical decision support system for physicians and hospitals and the development and collection of quality indicators. Capitalize the board with \$25 million from the Patients Compensation Fund (PCF) and \$25 million for the new Bond Fund. Delete the Physician Office Visit Data (POVD) requirement and physician work force surveys, under s.153.05 (1)(a), (6r) and (8); retain the physician assessment and direct the revenue (approximately \$900,000 PRO year) to the board to cover operating expenses and help fund incentives.

The board shall have the power to determine the criteria and to award grants and loans to hospitals and health care sys for the implementation of a statewide automated medical records system, health information exchanges and clinical decision support systems that will enable more consistent practice of safe, evidence-based medical practices. The system will support physician decision-making, consistent information for individual consumers, and organizational improvement in quality, safety and efficiency. This will include physician access to electronic clinical decision support systems; and consistent public reporting of quality; safety and efficiency measures with the core focus on assuring statewide, consistent and integrated information for health care practice.

The Board - Purpose, Duties and Powers

• The board shall assess the extent to which automated information and decision support systems are currently used by health care providers in Wisconsin. The board shall define the technology standards to use in making awards, which could include citing benchmark system designs.

• The board shall assess options to achieve automation of all health care systems in the state by 2010 or as soon as practicable. The board shall enact a plan and specific strategies to achieve this goal and the broader purposes of deploying information technology for health care quality, safety and efficiency.

The plan to deploy statewide health care information systems should optimize the potential of this technology to improve health care quality, safety and efficiency within a reasonable time period and reasonable financial investments. The plan should consider the extent to which an integrated or interoperable system or technology platform may be most cost-effective. This will include assessing the

tohuts

benefits of an integrated or interoperable system for supporting rapid deployment for supporting medical care practitioners, promoting accurate and appropriate shared information about individual patients among providers, benchmarking of performance indicators across health care provider organizations for organizational performance improvement, and public reporting of quality, safety and efficiency data for consumer and purchaser decision-making.

• The board shall report by January 1, 2006, and at least annually thereafter to the Governor and Registative on its plans, activities, accomplishments, and recommendations.

The board shall administer the health care quality improvement fund to implement this purpose. The board may make grants or loans from the health care quality improvement fund specifically to finance projects in whole or in part that:

- 1) Install computer-assisted physician order entry, electronic medical records, or other information system infrastructure, including clinical decision support systems, specifically to improve the quality, safety and efficiency of patient care.
- 2) Develop health information exchanges and interoperable systems to facility the reporting of quality, safety and efficiency information for purposes of health care system improvement, or related purposes through informing consumers and purchasers of health care.
- 3) Fund pilot projects to demonstrate rapid cycle improvement in quality, safety and efficiency of care through methods that may be deployed on a larger scale if successful.
- 4) Facilitate group purchases of medical technology systems by assisting providers in forming collaborative agreements for technology.

The board may accept private sector gifts, grants and other revenues to implement its purposes.

Funding - Structure and Amounts

• Funding for low interest or no interest loans in a revolving loan fund account: \$25 million of Patient Compensation Fund monies and \$25 million of state general obligation borrowing (see below) for projects with payback in not more than 10 years.

Related Provisions

Create a session law that WHEFA funding may only be directed to health care organizations that the new Commission/Board certifies. The new Commission/Board may certify based on determining the organization already participate in appropriate health information systems for patient safety, quality

No

MJL

January 14, 2005 Page 4 of 11

and efficiency improvement, or that the funds will be used to develop such systems.

2) Eliminate the existing Health Information Board attached to DHFS and transfer its duties to this new board.

Require that the contractor responsible for hospital data collection (currently the Wisconsin Hospital Association) report to the board on the entity's requirements under chapter 153.

Special Bonding Fund - Excise Tax Fund

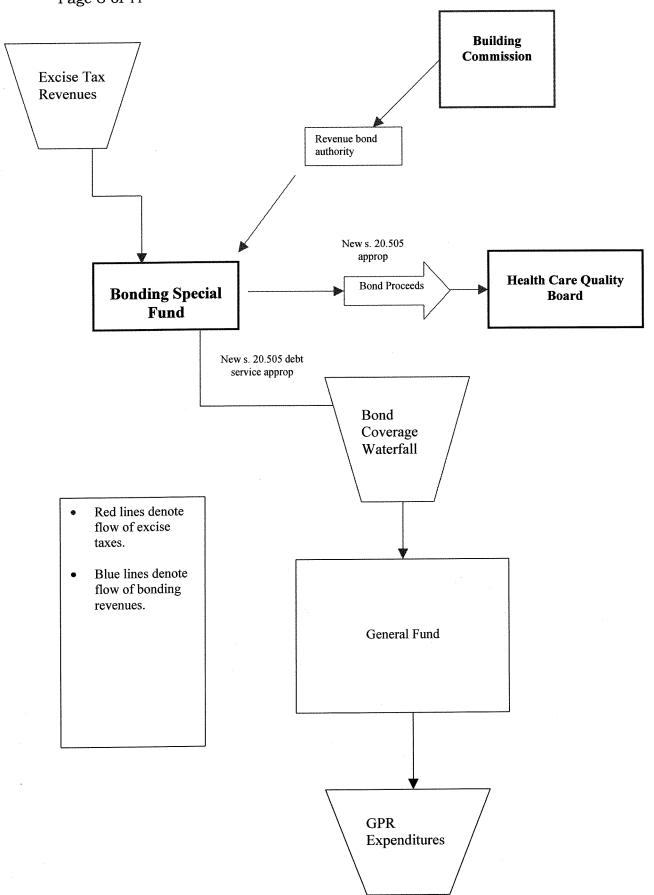
- 1) Authorize the Department of Administration secretary to request the Building Commission to issue Health Savings Revenue bonds for purposes of using technology to improve the quality of health care and reduce medical errors.
- 2) Use the same language and terminology contained in s.16.526, changing the program purpose from pension payments to health care quality improvement and technology acquisition. Clarify the flow of excise tax revenues (note: we no longer intend to pursue LRB 05-0757 which deposits all excise taxes in the Medical Assistance Trust Fund), which will now "flow" to a special excise tax fund, and be used to support the issuance of revenue bonds. Revenues determined to be in excess of amounts to be used for debt service, ancillary payments and reserves will be transferred to the general fund. Bond proceeds will be transferred to and used by the Health Care Quality Board for the purposes of the health care technology acquisition program. The flow of payments would work as follows (see attached flow chart):
 - A) Create the same excise tax fund presently described in s.16.526; call it the "Excise Tax Fund."
 - This fund will be pledged to the payment of special fund revenue bonds pursuant to s.18.562, or any other health-related public purpose as directed by the Legislature. Health Care Quality Board to make investments to advance the use of technology to improve health care quality.
 - B) Excise taxes would continue to be collected by the Department of Revenue but would be transferred to the Capital Improvement Excise Tax Fund as revenues are received.
 - C) The Building Commission would be responsible for determining the amount of revenues needed to pay the debt service on the bonds issued under (I).
 - D) Funds needed for debt service payments would be retained by a pledge of revenues pursuant to Chapter 18, and debt service payments would be made out of a new appropriation created under s. 20.505(1). A model for this appropriation can be found in the Governor's 2003-05 budget recommendation, LRB 03-0854, under s. 20.505(1)(sh).
 - E) An additional aids to individuals and organizations appropriation will be needed under s. 20.505 for the expenditure of the bond proceeds.
 - F) Excise tax revenues above the amounts needed for debt service would then be transferred to the General Fund.

Excise Tax Fund

16.526 Payment of the state's unfunded liabilities under the Wisconsin Retirement System; revenue obligations. Payment of the state's unfunded liabilities under Excise Tax Fund; revenue obligations (1) For purposes of subch. II of ch. 18, the purposes of obtaining proceeds to pay the state's anticipated unfunded prior service liability under s. 40.05 (2) (b) and of paying the state's unfunded prior service liability under s. 40.05 (2) (b) and the state's unfunded liability under s. 40.05 (4) (b), (bc), and (bw) and subch. IX of ch. 40 grants for health care entities using technology to reduce medical errors and improve the quality of health care is a special fund program, and the excise tax fund is a special fund. The legislature finds and determines that the excise tax fund is a segregated fund consisting of fees, penalties, or excise taxes and that the special program to pay the state's unfunded prior service liability under s. 40.05 (2) (b) and the state's unfunded liability under s. 40.05 (4) (b), (bc), and (bw) and subch. IX of ch. 40 pay grants for health care entities using technology to reduce medical errors and improve the quality of health care from the net proceeds of revenue obligations issued under this section is appropriate and will serve a public purpose.

- (2) The net proceeds of revenue obligations issued under subch. II of ch. 18, as authorized under this section, shall be deposited in a fund in the state treasury, or an account maintained by a trustee, created under s. 18.57 (1). The moneys shall be applied for ancillary payments and for the provision of reserves, as determined by the building commission, and for the payment of part or all of the state's grants for health care entities using technology to reduce medical errors and improve the quality of health care unfunded prior service liability under s. 40.05 (2) (b) and the state's unfunded liability under s. 40.05 (4) (b), (bc), and (bw) and subch. IX of ch. 40, as determined by the department, and any remainder shall be paid into a retirement liability obligation redemption fund created under 18.562 (3).
- (3) The department shall have all powers necessary and convenient to distribute the excise tax fund revenues and to distribute the proceeds of the revenue obligations issued under this section in accordance with subch. II of ch. 18.
- (4) The department may enter into agreements with the federal government or its agencies, political subdivisions of this state, individuals, or private entities to insure, or in any other manner provide, additional security for the revenue obligations issued under this section.

- (5) (a) Subject to the limitation under par. (b), the building commission may contract revenue obligations, payable from the excise tax fund, under this section in the maximum amount that the building commission believes can be fully paid on a timely basis from moneys received or anticipated to be received in the excise tax fund.
- (b) Except as otherwise provided in this paragraph, the requirements for funds obtained to pay the state's state's grants for health care entities using technology to reduce medical errors and improve the quality of health care anticipated unfunded prior service liability under s. 40.05 (2) (b) and funds used for the payment of the state's unfunded prior service liability under s. 40.05 (2) (b) and the state's unfunded liability under s. 40.05 (4) (b), (bc), and (bw) and subch. IX of ch. 40, that are to be paid from revenue obligations issued under this section, shall be determined by the secretary. The sum of revenue obligations issued under this section and appropriation obligations issued under s. 16.527, if any, excluding any appropriation obligations that have been defeased under a cash optimization program administered by the building commission and any appropriation obligations issued pursuant to s. 16.527 (3) (b) 3., shall not exceed \$1,500,000,000.
- (6) Unless otherwise expressly provided in resolutions authorizing the issuance of revenue obligations under this section or in other agreements with the owners of revenue obligations, each issue of revenue obligations under this section shall be on a parity with every other revenue obligation issued under this section and in accordance with subch. II of ch. 18.
- (7) As determined by the building commission, any moneys deposited in the excise tax fund that are not required for the retirement of revenue obligations and providing for reserves and for ancillary payments authorized to be paid from such moneys are transferred to the general fund.
- (8) Recognizing its moral obligation to do so, the legislature expresses its expectation and aspiration that, if the funds in the excise tax fund are insufficient to pay the principal of and interest on the revenue obligations issued under subch. II of ch. 18 pursuant to this section, the legislature shall make an appropriation from the general fund sufficient to pay the principal and interest on the obligations or to replenish a reserve fund, if applicable.



January 14, 2005 Page 9 of 11

Please let me know if you have any questions or need more information. I can be contacted at 6-3420 or james.johnston@doa.state.wi.us.

2005-07 Budget Bill Statutory Language Drafting Request

- Topic: Health Care Quality Board
- Tracking Code: (Assigned by Government Operations Team)
- SBO team: Health & Insurance
- SBO analyst: Jim Johnston
 - Phone: 266-3420
 - Email: james.johnston@doa.state.wi.us
- Agency acronym:
- Agency number:

January 14, 2005 Page 11 of 11

From:

Johnston, James

Sent:

Friday, January 14, 2005 4:39 PM

To:

Kennedy, Debora

Cc:

Blaine, Robert; Hoadley, Frank

Subject:

Medical Technology Draft

Debora.

Attached are revised instructions for the medical technology board, including the bond language we worked on with Frank. If Rick has questions on the bonding language, he can call Frank directly. We are still finalizing the sunset of the physician office visit piece. I will get you more details this weekend, but I didn't want to wait nay longer to get you an update. I apologize for the piecemeal nature of these instructions, I'll get you more details ASAP.

Jim

Medical Technology Board.doc

From Jim; Name of board is Health Care Quality and Patient Safety Board



JAMES E. DOYLE
GOVERNOR
MARC J. MAROTTA
SECRETARY

Division of Executive Budget and Finance Post Office Box 7864 Madison, WI 53707-7864 Voice (608) 266-1736 Fax (608) 267-0372 TTY (608) 267-9629

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January 14, 2005

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Managing Attorney

Legislative Reference Bureau

From:

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Team Leader

Health & Insurance Team

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DHFS Secretary

ETF Secretary

DOA Chief Information Officer

1 physician

1 hospital representative

1 employer purchaser of health cares

1 health insurane industry representative

1 major medical provider system representative

1 public member

Members will be appointed by the Governor, with chair designated by the Governor. Members shall be appointed for 4 year terms.

Under s.231, Health and Educational Facilities Authority, require health facilities and hospitals as defined in the chapter to take action to improve health care quality and patient safety as a requirement to use WHEFA.

- 2) Create Bond Fund and new DOA appropriations to receive bond revenue.
- 3) Sunset existing Board on Health Care information as of June 30, 2007

January 14, 2005 Page 2 of 11

under s.15.195 (6) a

4) Sunset physician office visit data requirement as of June 30th 2007

Overview - The intent of the draft is to abolish the existing Board on Health Information unders.153.07 reconstitute this body as a new health care quality and patient safety board attached to the Department of Administration. The Governor will appoint the board with representation from major health care purchases, physicians, hospitals, and consumer advocates. The board will establish incentives and work with private sector interests to fund the development of a electronic critical decision support system for physicians and hospitals and the development and collection of quality indicators. Capitalize the board with \$25 million from the Patients Compensation Fund (PCF) and \$25 million for the new Bond Fund. Delete the Physician Office Visit Data (POVD) requirement and physician work force surveys, under s.153.05 (1)(a), (6r) and (8); retain the physician assessment and direct the revenue (approximately \$900,000 PRO year) to the board to cover operating expenses and help fund incentives.

The board shall have the power to determine the criteria and to award grants and loans to hospitals and health care sys for the implementation of a statewide automated medical records system, health information exchanges and clinical decision support systems that will enable more consistent practice of safe, evidence-based medical practices. The system will support physician decision-making, consistent information for individual consumers, and organizational improvement in quality, safety and efficiency. This will include physician access to electronic clinical decision support systems; and consistent public reporting of quality; safety and efficiency measures with the core focus on assuring statewide, consistent and integrated information for health care practice.

The Board - Purpose, Duties and Powers

- The board shall assess the extent to which automated information and decision support systems are currently used by health care providers in Wisconsin. The board shall define the technology standards to use in making awards, which could include citing benchmark system designs.
- The board shall assess options to achieve automation of all health care systems in the state by 2010 or as soon as practicable. The board shall enact a plan and specific strategies to achieve this goal and the broader purposes of deploying information technology for health care quality, safety and efficiency.

The plan to deploy statewide health care information systems should optimize the potential of this technology to improve health care quality, safety and efficiency within a reasonable time period and reasonable financial investments. The plan should consider the extent to which an integrated or interoperable system or technology platform may be most cost-effective. This will include assessing the

benefits of an integrated or interoperable system for supporting rapid deployment for supporting medical care practitioners, promoting accurate and appropriate shared information about individual patients among providers, benchmarking of performance indicators across health care provider organizations for organizational performance improvement, and public reporting of quality, safety and efficiency data for consumer and purchaser decision-making.

- The board shall report by January 1, 2006, and at least annually thereafter to the Governor and Legislature on its plans, activities, accomplishments, and recommendations.
- The board shall administer the health care quality improvement fund to implement this purpose. The board may make grants or loans from the health care quality improvement fund specifically to finance projects in whole or in part that:
 - 1) Install computer-assisted physician order entry, electronic medical records, or other information system infrastructure, including clinical decision support systems, specifically to improve the quality, safety and efficiency of patient care.
 - 2) Develop health information exchanges and interoperable systems to facility the reporting of quality, safety and efficiency information for purposes of health care system improvement, or related purposes through informing consumers and purchasers of health care.
 - 3) Fund pilot projects to demonstrate rapid cycle improvement in quality, safety and efficiency of care through methods that may be deployed on a larger scale if successful.
 - 4) Facilitate group purchases of medical technology systems by assisting providers in forming collaborative agreements for technology.
- The board may accept private sector gifts, grants and other revenues to implement its purposes.

Funding - Structure and Amounts

Funding for low interest or no interest loans in a revolving loan fund account: \$25
million of Patient Compensation Fund monies and \$25 million of state general
obligation borrowing (see below) for projects with payback in not more than 10
years.

Related Provisions

1) Create a session law that WHEFA funding may only be directed to health care organizations that the new Commission/Board certifies. The new Commission/Board may certify based on determining the organization already participate in appropriate health information systems for patient safety, quality

January 14, 2005 Page 4 of 11

> and efficiency improvement, or that the funds will be used to develop such systems.

2) Eliminate the existing Health Information Board attached to DHFS and transfer its

duties to this new board.

3) Require that the contractor responsible for hospital data collection (currently the Wisconsin Hospital Association) report to the board on the entity's requirements under chapter 153.

Special Bonding Fund – Excise Tax Fund

- 1) Authorize the Department of Administration secretary to request the Building Commission to issue Health Savings Revenue bonds for purposes of using technology to improve the quality of health care and reduce medical errors.
- 2) Use the same language and terminology contained in s.16.526, changing the program purpose from pension payments to health care quality improvement and technology acquisition. Clarify the flow of excise tax revenues (note: we no longer intend to pursue LRB 05-0757 which deposits all excise taxes in the Medical Assistance Trust Fund), which will now "flow" to a special excise tax fund, and be used to support the issuance of revenue bonds. Revenues determined to be in excess of amounts to be used for debt service, ancillary payments and reserves will be transferred to the general fund. Bond proceeds will be transferred to and used by the Health Care Quality Board for the purposes of the health care technology acquisition program. The flow of payments would work as follows (see attached flow chart):
 - A) Create the same excise tax fund presently described in s.16.526; call it the "Excise Tax Fund."
 - This fund will be pledged to the payment of special fund revenue bonds pursuant to s.18.562, or any other health-related public purpose as directed by the Legislature. Health Care Quality Board to make investments to advance the use of technology to improve health care quality.
 - B) Excise taxes would continue to be collected by the Department of Revenue but would be transferred to the Capital Improvement Excise Tax Fund as revenues are received.
 - C) The Building Commission would be responsible for determining the amount of revenues needed to pay the debt service on the bonds issued under (I).
 - D) Funds needed for debt service payments would be retained by a pledge of revenues pursuant to Chapter 18, and debt service payments would be made out of a new appropriation created under s. 20.505(1). A model for this appropriation can be found in the Governor's 2003-05 budget recommendation, LRB 03-0854, under s. 20.505(1)(sh).
 - E) An additional aids to individuals and organizations appropriation will be needed under s. 20.505 for the expenditure of the bond proceeds.
 - F) Excise tax revenues above the amounts needed for debt service would then be transferred to the General Fund.

Excise Tax Fund

16.526 Payment of the state's unfunded liabilities under the Wisconsin Retirement System; revenue obligations. Payment of the state's unfunded liabilities under Excise Tax Fund; revenue obligations (1) For purposes of subch. II of ch. 18, the purposes of obtaining proceeds to pay the state's anticipated unfunded prior service liability under s. 40.05 (2) (b) and of paying the state's unfunded prior service liability under s. 40.05 (2) (b) and the state's unfunded liability under s. 40.05 (4) (b), (bc), and (bw) and subch. IX of ch. 40 grants for health care entities using technology to reduce medical errors and improve the quality of health care is a special fund program, and the excise tax fund is a special fund. The legislature finds and determines that the excise tax fund is a segregated fund consisting of fees, penalties, or excise taxes and that the special program to pay the state's unfunded prior service liability under s. 40.05 (2) (b) and the state's unfunded liability under s. 40.05 (4) (b), (be), and (bw) and subch. IX of ch. 40 pay grants for health care entities using technology to reduce medical errors and improve the quality of health care from the net proceeds of revenue obligations issued under this section is appropriate and will serve a public purpose.

- (2) The net proceeds of revenue obligations issued under subch. II of ch. 18, as authorized under this section, shall be deposited in a fund in the state treasury, or an account maintained by a trustee, created under s. 18.57 (1). The moneys shall be applied for ancillary payments and for the provision of reserves, as determined by the building commission, and for the payment of part or all of the state's grants for health care entities using technology to reduce medical errors and improve the quality of health care unfunded prior service liability under s. 40.05 (2) (b) and the state's unfunded liability under s. 40.05 (4) (b), (be), and (bw) and subch. IX of ch. 40, as determined by the department, and any remainder shall be paid into a retirement liability obligation redemption fund created under 18.562 (3).
- (3) The department shall have all powers necessary and convenient to distribute the excise tax fund revenues and to distribute the proceeds of the revenue obligations issued under this section in accordance with subch. II of ch. 18.
- (4) The department may enter into agreements with the federal government or its agencies, political subdivisions of this state, individuals, or private entities to insure, or in any other manner provide, additional security for the revenue obligations issued under this section.

- (5) (a) Subject to the limitation under par. (b), the building commission may contract revenue obligations, payable from the excise tax fund, under this section in the maximum amount that the building commission believes can be fully paid on a timely basis from moneys received or anticipated to be received in the excise tax fund.
- (b) Except as otherwise provided in this paragraph, the requirements for funds obtained to pay the state's state's grants for health care entities using technology to reduce medical errors and improve the quality of health care anticipated unfunded prior service liability under s. 40.05 (2) (b) and funds used for the payment of the state's unfunded prior service liability under s. 40.05 (2) (b) and the state's unfunded liability under s. 40.05 (4) (b), (bc), and (bw) and subch. IX of ch. 40, that are to be paid from revenue obligations issued under this section, shall be determined by the secretary. The sum of revenue obligations issued under this section and appropriation obligations issued under s. 16.527, if any, excluding any appropriation obligations that have been defeased under a cash optimization program administered by the building commission and any appropriation obligations issued pursuant to s. 16.527 (3) (b) 3., shall not exceed \$1,500,000,000.
- (6) Unless otherwise expressly provided in resolutions authorizing the issuance of revenue obligations under this section or in other agreements with the owners of revenue obligations, each issue of revenue obligations under this section shall be on a parity with every other revenue obligation issued under this section and in accordance with subch. II of ch. 18.
- (7) As determined by the building commission, any moneys deposited in the excise tax fund that are not required for the retirement of revenue obligations and providing for reserves and for ancillary payments authorized to be paid from such moneys are transferred to the general fund.
- (8) Recognizing its moral obligation to do so, the legislature expresses its expectation and aspiration that, if the funds in the excise tax fund are insufficient to pay the principal of and interest on the revenue obligations issued under subch. If of ch. 18 pursuant to this section, the legislature shall make an appropriation from the general fund sufficient to pay the principal and interest on the obligations or to replenish a reserve fund, if applicable.

January 14, 2005 Page 9 of 11

Please let me know if you have any questions or need more information. I can be contacted at 6-3420 or james.johnston@doa.state.wi.us.

January 14, 2005 Page 10 of 11

2005-07 Budget Bill Statutory Language Drafting Request

- Topic: Health Care Quality Board
- Tracking Code: (Assigned by Government Operations Team)
- SBO team: Health & Insurance
- SBO analyst: Jim Johnston
 - Phone: 266-3420
 - Email: james.johnston@doa.state.wi.us
- Agency acronym:
- Agency number:

January 14, 2005 Page 11 of 11

- The Net proceeds of revenue obligation
Issued under subch. II of ch. 18, as
authorized under 5.16.526, less any
remainder paid into a health entity grant
obligation redemption fund created under
s. 18.562(3).

From:

Johnston, James

Sent:

Friday, January 14, 2005 4:39 PM

To:

Kennedy, Debora

Cc:

Blaine, Robert; Hoadley, Frank

Subject:

Medical Technology Draft

Debora.

Attached are revised instructions for the medical technology board, including the bond language we worked on with Frank. If Rick has questions on the bonding language, he can call Frank directly. We are still finalizing the sunset of the physician office visit piece. I will get you more details this weekend, but I didn't want to wait nay longer to get you an update. I apologize for the piecemeal nature of these instructions, I'll get you more details ASAP.

Jim

From Jun: Name 3 board is Hearth Carefaud
Patrient Safety Board.

1

From:

Johnston, James

Sent:

Monday, January 17, 2005 5:01 PM

To:

Kennedy, Debora

Cc:

Blaine, Robert; Schmiedicke, David

Subject:

RE: Health care quality and patient safety board

Debora,

Thanks for refining the draft. Answers to your questions are marked in red.

Please answer the following:

1. As to the structure for moneys:

a: Is the "health care quality improvement fund" to be a segregated fund? Yes

b. If the answer to a. is affirmative, do the bonding and patients compensation moneys go into the "health care quality improvement fund? If not, where? Both the bond proceeds and the PCF money goes into the SEG fund

c. Do the physician assessments go into the "health care quality improvement fund"? (Yes

2. As to the grants or loans from the "health care quality improvement fund":

a. To what entities may they be made, i.e., what entities may apply? Physicians; Hospitals & Clinics, including health care systems & HMOs

b. When should applications be received? As determined by the Board

c. By what date (annually? each fiscal year? other?) must they be lent or awarded? As determined by the Board

Robert, these are the questions that I have so far:

1. What is the effective date for creation of the board? Note that there is a conflict in the instructions, which say both that the intent is to abolish the board on health information (as of 6/30/07) and reconstitute this body, AND that the new board must report by 1/1/06--is it intended that the two boards coexist for a period of time?

The new board should be created as of 10/1/05

The Board's first report should be due 1/1/07

It will thus overlap the existing Board on Health information

- Changed instructions

Since there is no "DOA Chief Information Officer" in the statutes, could I, instead, state that the Secy. of DOA, or his or her designee is a member?

Sorry about that. Yes, please list the DOA Secretary or designee.

3. As a "hospital representative," are you intending that the person be a representative of the Wisconsin Hospital Association, or that the person represent hospitals? If the latter, both urban and rural?

It will be up to the discretion of the Governor to determine the appointment of a representiative of hospitals

4. Any particular way that I might describe or define a "major medical provider system"? Is this term intended to describe an HMO, or something else?

You're correct, the intent is to create representation for HMOs

5. Note that, under s. 15.07 (1) (b), stats., it is unnecessary to indicate that the governor shall appoint the board members. However, I will create s. 15.07 (2) (n), which will indicate that the governor appoints the chair; for the health care information board, the governor appoints the chair biennially; is that what you want for this board?

Yes

- 6. In a nonstat provision, I will stagger initial membership for those members other than secretaries of agencies, to keep all terms from ending at the same time. (Note that, under s. 15.07 (1) (c), stats., fixed terms of members of boards must expire on May 1 and, if the term is for an even number of years, in an odd-numbered year.) This is what I propose:
- (1) (a) Initial appointments. Notwithstanding the length of terms specified in section 15.105 (13) (b) of the statutes, as created by this act, the initial members of the health care quality and patient safety board shall be appointed by the first day of the 4th month beginning after the effective date of this subsection for the following terms:

1. The physician and the representative of hospitals, for terms expiring on May 1, 2007.

2. The employer purchaser of health care and the representative of the insurance industry, for terms expiring on May 1, 2009.

3. The representative of a major medical provider system and the member who represents the public interest, for terms expiring on May 1, 2011.

Sounds good, thank you

If you have a different arrangement, so that certain initial members serve longer tht as I have proposed, please let me know.

- 7. Under s. 15.07 (3) (b), stats., this board would be required to meet annually and at other times on call of the chair or a majority of members; the board on health care information is required to meet 4 times annually and at other times on call of the chair or majority of the board. Do you want frequency of meetings requirements?

 Please use the annual meeting requirement, with option for additional meetings on the call of the chair or a majority of the board.
- 8. Under s. 15.07 (5), stats., members of boards are reimbursed for actual and necessary expenses only, unless statutorily designated to receive more daily compensation. Do you want any specific compensation, in excess of actual and necessary expenses, for members of the HCQPS board?
- 9. I'm not exactly sure what you're planning to do with ch. 153; do you intend that it now come under the control and administration of DOA, or that that control and administration be retained by DHFS? If the former, it will be necessary to work around some contracts, to avoid the constitutional prohibition on impairing them; most notably, for the contract that DHFS currently has with the Wisconsin Hospitals Association, a new contractor (DOA? the new Board?) would not be effective until the contract is to be renewed. I do not know what that date is, although it may be unimportant for my purposes.

Debora S. Kennedy

Managing Attorney Legislative Reference Bureau (608) 266-0137 debora.kennedy@legis.state.wi.us

From:

Johnston, James

Sent:

Tuesday, January 18, 2005 9:27 PM

To:

Kennedy, Debora

Subject:

RE: Health care quality and patient safety board; more questions

----Original Message----

From: Kennedy, Debora [mailto:Debora.Kennedy@legis.state.wi.us]

Sent: Tuesday, January 18, 2005 4:18 PM

To: Cc: Johnston, James Schmiedicke, David

Subject:

Health care quality and patient safety board; more questions

Thank you for sending answers to my questions thus far. The following question, though, you did not answer; it is necessary to do so because both statutory changes and nonstatutory transitional provisions will hinge on it:

I'm not exactly sure what you're planning to do with ch. 153; do you intend that it now come under the control and administration of DOA, or that the control and administration be retained by DHFS? If the former, it will be necessary to work around some contracts, to avoid the constitutional prohibition on impairing them; most notably, for the contract that DHFS currently has with the Wisconsin Hospitals Association, a new contractor (DOA? the new Board?) would not be effective until the contract is to be renewed. I do not know what that date is, although it may be unimportant for my purposes.

I now have the following additional questions:

You indicate that physician assessments should be put into the health care quality improvement fund. 1. When should that take place?

June 30, 2007

See reused vistructions 1/21/05

Note that, under s. 20.435 (4) (hg), DHFS and board on health care information activities are currently being funded from the assessments and from contract fees under s. 153.05 (6m). Should the physician assessments go into the fund as of the date that the board on health care information is eliminated (6/30/07).

Yes

or at some other time? (No

What about the contract fees? No, these fees should continue to go into s.20.435(4)(hg)

You have requested repeal of the physician office visit data requirement and physician work force surveys, under s. 153.05 (1) (a) and (8), stats. I have repealed these provisions, and relevant related crossreferencing provisions, but I cannot say with certainty that doing so fulfills your request; s. 153.05 (6r), stats., deals with a voluntary system of health care plan reporting, which doesn't seem necessarily to be what you are after. What about, for instance, s. 153.05 (5) (a), stats.? You also requested repeal of s. 153.05 (6r), stats.; this provision deals with a voluntary system of health care plan reporting and has connected with it an assessment, under s. 153.60 (3), stats., that is to be credited to the appropriation under s. 20.435 (4) (hg), stats. (see question #1., immediately above)--are you sure that you want to repeal it?

I think s.153.05 (1)(a); (3)(a); (5)(a); (6), since it references (1)(a); (6r); (8)(a); (9)(a); 153.10(1); 153.45; 153.50(3m); (4)(a)2;(6)(b)7(c);153.60 and parts of 153.75 may all need to be deleted. I want to look at the bill, which established the POVD requirement to see what language was added at that time and hopefully we can just undo it.

3. Do you contemplate that the health care quality and patient safety board will have its own appropriation section, as does the board on aging and long-term care, or some other arrangement? I would like to establish it in program (4) at DOA

4. You seem to have mixed the awarding of grants and the making of loans as a duty of the board; how do you want me to structure the appropriations, i.e., would appropriation for grants be a separate sum certain and, if so, for how much?

Debora A. Kennedy

Managing Attorney Legislative Reference Bureau (608) 266-0137 debora.kennedy@legis.state.wi.us

From:

Johnston, James

Sent:

Friday, January 21, 2005 2:52 PM

To:

Kennedy, Debora

Subject:

MEd Tech

Drafting Changes:

PCF

Take \$50 million for Medical Technology Board
Take funding for all hospital supplements.

3/1/04

Centralized Physician Information Database - Require Board to study and make recommendations on the feasibility of creating a centralized information database, possibly through a public-private partnership. Currently same physician information is collected by OCI, DRL & DHFS.

ВĤІ

Sunset BHI 10/1/05 to coincide with creation of new board, which assumes duties of current BHI. Require DHFS to work cooperatively with new Board in carrying out its duties.

POVD

Sunset POVD 6/30/07. Board to develop recommendations for future direction of data repository. - 500

change in notes

WHEFA Requirement

Under s. 231, Health and Educational Facilities Authority, require health facilities and hospitals as defined in the chapter to take action to improve health care quality and patient safety as a requirement to use WHEFA. Requirement links WHEFA arranged financing to efforts to improve medical technology. Have the Board certify that potential health provider applicants are pursuing medical technology improvements.

Changes and additions to these motrutions are as the result of a conference with gime Ophnston 1/21/05 + 1/22/05 D.A.K.

STATE OF WISCONSIN – **LEGISLATIVE REFERENCE BUREAU** – LEGAL SECTION (608–266–3561)

